

PART B - FEE(S) TRANSMITTAL

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23117 7590 06/13/2008

NIXON & VANDERHYE, PC
901 NORTH GLEBE ROAD, 11TH FLOOR
ARLINGTON, VA 22203



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| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/559,706 | 12/07/2005 | Daniel Dermark | 3670-59 | 1854 |

TITLE OF INVENTION: DC/DC-RECTIFIER WITH REDUCED LOSSES

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|--|--|----------------|---------------------|---------------------------------------|-------------------------|-----------------------------------|
| nonprovisional | NO | \$1440 | \$300 | \$0 | \$1740 | 09/15/2008 |
| EXAMINER | ART UNIT | CLASS-SUBCLASS | | 09/05/2008 CNGUYEN3 00000075 10559706 | | |
| BEHM, HARRY RAYMOND | 2838 | 363-127000 | | 01 FC:1501 02 FC:1504 | 1440.00 OP 300.00 OP | |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). | 2. For printing on the patent front page, if applicable. | | | | 15.00 OP | |
| <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, | | | | | <u>Nixon & Vanderhye P.C.</u> |
| <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | | 2 _____ |
| | | | | | | 3 _____ |

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Telefonaktiebolaget LM Ericsson (publ) Stockholm, Sweden

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

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 Publication Fee (No small entity discount permitted)
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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date September 4, 2008

Typed or printed name John R. Lastova

Registration No. 33,149

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